

## MARYLAND NUTRIENT MANAGEMENT PROGRAM

50 HARRY S. TRUMAN PARKWAY ANNAPOLIS, MARYLAND 21401 TEL. NO. 410-841-5959, FAX NO. 410-841-5950

## INFORMATION ON NUTRIENT MANAGEMENT LICENSING

Revised: December 2004

- 1. Any person or company who wants to provide <u>state certified</u> nutrient management plans must be licensed by the Maryland Department of Agriculture and be state certified to provide nutrient management services or employ one or more people who are certified.
- 2. CERTIFIED NUTRIENT MANAGEMENT CONSULTANTS CANNOT PROVIDE STATE CERTIFIED NUTRIENT MANAGEMENT PLANS UNLESS OPERATING UNDER A STATE LICENSE, EXCEPT FOR A CERTIFIED FARMER WHO WRITES PLAN <u>EXCLUSIVELY</u> FOR HIS/HER FARM OPERATION.
- 3. Persons or companies wishing to obtain a nutrient management license must submit an application with the following fee:

Individual or sole proprietorship - \$ 50 Corporation or partnership - \$100 Government agencies - \$ 0

- 4. Licenses are valid for one year and expire unless the applicant renews the license for a 3-year term and paying an applicable fee of \$150.00. (except for government agency).
- 5. Licensed persons or companies agree to comply with regulations set forth in COMAR 15.20.04.
- 6. The following regulatory requirements apply:
- a. Nutrient management planning services will be provided only by state certified nutrient management persons.
- b. Nutrient management plans will be developed in accordance with regulatory criteria and content requirements. (COMAR 15.20.08.04-.07.)
- c. License holders shall keep records for a minimum of five years and make them available to the Department upon request. Record keeping requirements are identified in COMAR 15.20.04.11.
- d. License holders must file with the Department by September 30 of each year an annual activity report covering the previous year (July 1 through June 30) that contains all the following information: (COMAR 15.20.04.11A)
  - 1. Name and number of license holder
- 2. Name of certified nutrient management consultant (s) employed between the previous July 1 and June 30
  - 3. Number of nutrient management plans completed
- 4. Acreage covered by these plans broken down according to county and State watershed codes<sup>1</sup>

<sup>&</sup>lt;sup>1</sup> Watershed coding and maps used by the state is available upon request.



## APPLICATION FOR NUTRIENT MANAGEMENT LICENSE

Mail To:

## MARYLAND DEPARTMENT OF AGRICULTURE NUTRIENT MANAGEMENT PROGRAM 50 HARRY S. TRUMAN PARKWAY ANNAPOLIS, MARYLAND 21401

For Department Use Only		
Date Appl. Rec'd:		
Check Number:		
Date Appl. Approved:		
License Number:		
Expiration Date:		

TEL. (410) 841-5959, FA	X (410) 841-5950	
I – LICENSE HOLDE	ER INFORMATION	
Name:	Posi	ition Held:
II – FIRM AGENCY I	NAME AND ADDRESS	
Agency Firm Name:		Fed. ID No.
Street:		Phone Number:
		Fax Number:
	City State Zip	County:
County(ies) of Activity:	:	
III – BUSINESS INFO	DRMATION	1
Business Status:	Corporation/Partnership	
	Individual/Sole Proprietorship	
	Government Agency	
A. Nature of Business:	(Check as many as apply)	1
	Crop Advisory Services	
	Sale or Distribution of Nutrients	
	Nutrient Sources: Commercial Fert	ilizer Biosolids Manure
	Government Agency: (Specify)	
	Others: (Specify)	

B. Employee Information:		
Total number of employees performing bo	oth sales and management services:	
Total number of employees in sales (only)	:	
Total number of employees in crop manag	gement services (only):	
Total number of employees certified as co	nsultants:	
IV. CERTIFIED NUTRIENT MANAG	SEMENT CONSULTANTS LIST	
Name: (Last, First, MI)	<b>Certificate Number</b>	<b>Expiration Date</b>
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
(List any other names on the back of this p	page)	
V. I understand that nutrient management with COMAR 15.20.04. These requirement	±	
(1) Accurate records pertaining to and following criteria set by regulations m Department of Agriculture upon request.	site analysis and development of nutries ust be kept a minimum of 5 years and r	
(2) An annual activity report must planning activity for the previous year (Jul	be filed by September 30 using a departy 1 - June 30).	tmental form to document
(3) Failure to comply with these re	gulations may result in a loss of license	
I hereby apply for a nutrient management 8-801-8-806, and certify that the above into	<u> •</u>	<u> </u>
	Signature	Date